

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED 1/9/06 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|-----------------|--------------------|--------|--------------------------|--------|---------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | |
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| Total Indep | 6 | | | | | |
| Total Depend | 25 | | | | | |
| Total Claims | 31 | | | | | |

| * May be used for additional claims or amendments | | | | | | |
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| Total Indep | | | | | | |
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| Total Claims | | | | | | |